

MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Eric Johnson, DMH  
**Scribe:** Chris Lawhorn  
**Date:** 5/28/2008  
**Time:** 10:30 – 11:30 AM  
**Location:** Wycliff Room 430

**IPRS Core Team Attendees:**

Gary Imes	<b>Others:</b>
Thelma Hayter	Cathy Bennett
x Eric Johnson	x Sandy Flores
Travis Nobles	x Paul Carr
Cheryl McQueen	Theresa Diana
x Sharlene Bryant	Chris Ferrell
Jamie Herubin	x Rick Kretschmer
x Mike Frost	x Mario Vescio
x Myran Harris	Tim Sullivan
x Wanda Mitchell	x Chris Lawhorn

**Attendees:**

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
x Centerpoint	x OPC
x Crossroads	x Pathways
Cumberland	x Sandhills
x Durham	x SE Center
x Eastpointe	x SE Regional
x ECBH	x Smoky Mountain
x Five County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	Western Highlands

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which "area program" you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – June 5, 12, 19
4. Agenda items
  - **837 claim submission**
  - **Beta Testing Schedule Adjustment**
  - Beta Test (NPI) Requirements Review
    - 100 records/LME/submission; Format test; full cycle run, 835
    - **Update schedule termination: TBD**
  - IPRS Questions or Concerns
  - MMIS Updates-Theresa Diana
5. DMH and/or EDS concluding remarks
  - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
    - i. Physician phone analyst (i.e. Independent Mental Health Providers)-1
    - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
6. Roll Call Updates

**Next Meeting: June 4, 2008**

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – [iprs.qanda@ncmail.net](mailto:iprs.qanda@ncmail.net)

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
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3.	<b>Upcoming Checkwrites</b> (cut-off dates) June 5, 12, 19
4.	<b>Agenda items</b> <ul style="list-style-type: none"> <li>• <b>837 claim submission</b></li> <li>• <b>Beta Testing Schedule Adjustment</b></li> <li>• Beta Test (NPI) Requirements Review <ul style="list-style-type: none"> <li>▪ 100 records/LME/submission; Format test; full cycle run, 835</li> <li>▪ <b>Update schedule termination: TBD</b></li> </ul> </li> <li>• IPRS Questions or Concerns</li> <li>• MMIS Updates - Theresa Diana</li> </ul>
5.	<ul style="list-style-type: none"> <li>• DMH and/or EDS concluding remarks</li> <li>• For <b>North Carolina Medicaid</b> claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</li> <li>• Physician phone analyst (i.e. Independent Mental Health Providers)-1</li> <li>• Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2</li> <li>• Roll Call Updates</li> </ul> <p><b>Checkwrite</b></p> <p>(Eric-DMH)- We had a Checkwrite this past week and the cutoff date was May 22. The June check write cutoff dates are on the agenda.</p> <p><b>Additional Agenda Items</b></p> <p>(Eric-DMH)- We want to review two of the items that we discussed last week but they are not particularly on this agenda and Paul is going to give us an overview of those items.</p> <p>(Paul-EDS)- I want to throw a few things out there regarding our implementation of the NPI code on Friday afternoon and evening. This is a reminder for you to revisit the email that was sent out Wednesday (5-21) afternoon last week. We are also going to be forwarding that email with a couple of additional bullet items and some other reminders. I want to talk about the claims coming in and how they go through the mapping solution each night. This may be a little different than what you are used to as far as going out and updating your Attending Providers on Thursday afternoon even though you submitted the claims on Tuesday and then they go through the check write Cycle starting Friday night. The way that the claims come in and go through the mapping solution every night, it is important that you have your Attending Providers updated with their NPI and the zip + 4 and they are submitted correctly on the 837 because they will go through the mapping solution the night that you submitted the claims. Are there any questions on that?</p> <p>(LME-Unknown)- So, there is really no use to submit the claims until you are sure that you have verified all of your NPI information and have all of your zip + 4's.</p> <p>(Paul-EDS)- Yes, because otherwise it will go through the mapping solution that night and if you have not gotten all of your NPIs added to the Attending Provider database then it will not be</p>

	<p>able to map it.</p> <p>(LME-Unknown)- It will result in a denial.</p> <p>(Paul-EDS)- That is correct.</p> <p>(Paul-EDS)- The other item that I wanted to mention is now that we have implemented NPI, NPI only is to come in on the claims. That may be a twist to some of you in processing adjustments. Even though the original claim may have been submitted with Legacy only prior to the May 23<sup>rd</sup> date, now that we have implemented NPI, the NPI for that provider needs to come in on the adjustment. I have already seen some claims come in this week for adjustments where the Legacy Provider number was on the claim and not the NPI and that will result in the adjustment not taking place. The last thing on the adjustments, now that we have NPI coming in on claims, if for some reason since the time the original claim processed with NPI "A" and that provider now has NPI "B" associated to it, you are not going to be able to do a replacement. The only things you are going to be able to do are a void of the original claim submitting the NPI "A" and then submit a new day claim with NPI "B". So, the void has to have the NPI for the original claim.</p> <p>(Betty-Crossroads)- Could you repeat that one more time?</p> <p>(Paul-EDS)- Sure. If a claim was submitted with NPI "A" and now they have NPI "B" and you are needing to adjust that original claim, say you need to change the units, what you are going to have to do is a void of the original claim submitting the NPI that was on the original claim. Then submit a new day claim with the new NPI with the change in the units.</p> <p>(Paul-EDS)- We will be sending this information out later on this afternoon so you will have it in writing as well.</p> <p>(Eric-DMH)- This information is not going to replace the information that was sent last week. If anything, this is going to be recognized as a few additional points. It is not intended to replace or void anything that we sent out last week on the User Alert.</p> <p>(Rick-Smoky)- If the original claim was sent without NPI, then I want to void the original claim and send in a new claim referring to that original claim. Will you all be able to crosswalk what that NPI should be?</p> <p>(Paul-EDS)- Yes. What you can do is you can send a replacement with the NPI that is associated with that Billing Provider or Attending Provider then we will be able to process the claim.</p> <p>(Rick-Smoky)- Do I have to have the NPI on the void?</p> <p>(Paul-EDS)- Yes, because if the Provider is Typical, then you can no longer send in the Legacy number, you have to send in the NPI.</p> <p>(Eric-DMH)- I just want to highlight what was sent out last week on the User Alert. You should know that from last Friday, May 23 and on, every 837 that you send in has to contain the NPI for the Billing as well as for the Attending if you are marked in the system as a typical provider. The next Checkwrite cutoff date is June 5<sup>th</sup>; therefore, your claims do not have to come in until June 5<sup>th</sup> with NPI in which every claim submitted must contain NPI. Also, your claims with NPI should contain Billing and Attending provider Taxonomy that is correct with the zip + 4 at the Billing and Attending. The Attending zip + 4 is by way of the SFL (Service Facility Location) address on the claim. Last, there was a note in regards to the IPRS Mailbox and I will read that verbatim. "It is strongly recommended that you submit your IPRS claims via your IPRS Mailbox as opposed to your Medicaid Mailbox". The reason being is that if you send in a claim or an adjustment at this point that comes in through the Medicaid Mailbox, Medicaid is not going to recognize or map the NPI that is associated with the SFL. If it comes over to IPRS, the claim will deny. Therefore, we recommend that you send in your claims, adjustments, and any NCECS claims via your IPRS Mailbox. Essentially I am just highlighting key notes that were sent out in last week's User Alert. Are there any questions in regards to these highlights that I</p>
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just went over?

(Terry-Eastpointe)- I want to go back to your previous statement about the June 5<sup>th</sup> cutoff. Any claims that we are sending in now are not going to process until that June 5<sup>th</sup> Checkwrite so they would still have to contain the NPI information, correct?

(Eric-DMH)- That is correct. They must contain the NPI. As Paul mentioned, they are going to go through the mapping solution every night. If you send in a claim tonight, it is going to go through the mapping solution but will not actually go through the adjudication process until Friday, June 6<sup>th</sup>.

(Terry-Eastpointe)- We are sending in claims today that do not contain the NPI, are they going to process on June 5<sup>th</sup> or not?

(Eric-DMH)- Yes, they will process on June 5<sup>th</sup> but if they are a Typical provider, then they will probably deny because they are going through the mapping solution every night.

### **Beta Testing**

(Eric-DMH)- I would like to give you an update in regards to the Beta Testing schedule that we mentioned last week. We are adding a couple additional Beta Test Cycles prior to June 5<sup>th</sup>. The Beta Test schedule is as follows: Friday, May 29<sup>th</sup>, Monday, June 2<sup>nd</sup>, and Wednesday, June 4<sup>th</sup>. The Beta Test Cycle on Wednesday, June 4<sup>th</sup> is your final opportunity to submit NPI Beta Test claims prior to June 5<sup>th</sup> adjudication process requiring NPI.

(Terry-Eastpointe)- We are marked as "No" on the Beta Test handout; however, we have Beta Tested and passed.

(Eric-DMH)- Yes, we have received your Beta Test claims and I believe someone is going to be getting back with you regarding a couple of issues.

(Paul-EDS)- I just want to clarify that we will run the Beta Test Cycle this week on Friday; therefore, you will need to have your claims in by COB Thursday, May 29<sup>th</sup>. Any claims we receive on Friday will run in the Beta Test Cycle on Monday.

### **New Agenda Items**

#### **IPRS Questions and Concerns**

(Eric-DMH)- Are there any IPRS questions or concerns?

(Terry-Eastpointe)- I need some clarification on a question. Have you all made a decision or is there any information on whether or not to continue billing for Non-Licensed Clinicians as of July 1<sup>st</sup>?

(Eric-DMH)- I do not believe there has been one made yet or not but I will check on that.

(Jeanna-Catawba)- There is an Implementation Bulletin that came out; I believe it was the last one, where it referenced what Medicaid will do in terms of billing to a physician. The details of how that would actually work have not been given out. It has not been specifically addressed how IPRS will work.

(Terry-Eastpointe)- That question was also about Qualified Professionals for IPRS.

(Eric-DMH)- Did you send that into Q and A?

(Terry-Eastpointe)- No I did not because the staff just asked me this morning if I would just find out. They were aware of the Medicaid Bulletin that came out but they were unaware of any response from IPRS.

(Jeanna-Catawba)- It was Implementation Memo 43 that came out on May 5<sup>th</sup>.

(Marianne-Foothills)- I have a question about the NPI addresses. My understanding is that we should have been reporting the physical addresses where the services are provided so that is what we have been reporting. We have a couple that when we look up the zip + 4, that it is an invalid address. According to the providers, they have P.O. Boxes where they receive their mail and the Post Office will not give them a valid address. What do we do in that kind of situation?

(Paul-EDS)- In order for the mapping solution to use the address, it looks at the physical address that is on the IPRS database. Whatever is in the IPRS database for that physical address should be what you are submitting on the claim.

(Marianne-Foothills)- If we cannot find a valid zip + 4, then what do we do?

(Paul-EDS)- What is on the IPRS database right now for the zip + 4?

(Marianne-Foothills)- There is not one. When we use the address that they have given us as the physical location, it comes back as "not deliverable" and they said they cannot give us a valid zip + 4. From what they have given us, we are not able to complete the enrollment properly because we cannot come up with a valid zip + 4 address.

(Rick-EDS)- I know that the Postal Service in some rural communities do not deliver mail to individual address, therefore, you have to go to the Post Office and pick it up. It sounds like the situation that you are dealing with here.

(Marianne-Foothills)- Which means that I cannot produce a zip + 4 for a physical address. I cannot submit my NPI claim without a zip + 4. Is it permissible to submit the P.O. Box? I can either submit the P.O. Box or I can misrepresent the zip code information of the physical address.

(Paul-EDS)- From our perspective and how the IPRS provider database is used, it does not have to be 100% accurate. It just needs to be unique enough so if we need to use the address and the zip + 4 to map that claim.

(Marianne-Foothills)- Ok.

(Jeanna-Catawba)- If she has to manipulate the zip + 4 and it matches what she is sending in on the claim, she is ok. However, what happens when Melissa Data runs a couple times a year?

(Paul-EDS)- We are in the process of looking at the capability to exempt LME's from the Melissa Data run. So in a scenario where there are 50 of these that you have to manipulate and you do not want us to run Melissa Data for your LME, all you would have to do is request opting out of that run.

(Marianne-Foothills)- As long as my zip + 4 is accurate from my claim to the enrollment on the IPRS database, then I am not going to have a problem with my claim, right?

(Paul-EDS)- Correct.

(Teresa-Alamance-Caswell)- Can you tell me what the Melissa Data run is?

(Paul-EDS)- The Melissa Data software is something that we use to validate the address and the zip + 4 and update it where it is needed.

(Beth-Pathways)- I want to go back to Terry's question about the State funded services for the Provisional License. There was a Communication Bulletin 91 that came out several weeks ago that does include the attachments "A" and "B" that has all of the "Y codes" that are going to be allowed. It also talks about the Incident To and how they are not under the Incident To for State funded services. I am not sure if that is what you are looking for but it is out on the State's website under Communication Bulletin 91.

**MMIS Updates-Mario Vescio**

(Mario-EDS)- There are no new updates at this time. We will move forward with Medicaid questions or concerns.

**Medicaid Questions or Concerns**

(Terry-Eastpointe)- In reference back to that Implementation Bulletin 43 for the Non-Licensed billing Incident To, when will there be instructions out as far as how that will need to be done?

(Mario-EDS)- I will have to look into that, if you could send that through Q and A.

(Faye-Mecklenburg)- Currently we are still getting claims that need to be processed, are they being processed from one Checkwrite to the next, or are you all waiting until the end of the fiscal year to reprocess those claims?

(Eric-DMH)- Are these Medicaid claims or IPRS claims?

(Faye-Mecklenburg)- IPRS claims.

(Eric-DMH)- What EOB are you receiving on these claims?

(Faye-Mecklenburg)- EOB 8800, "Further processing necessary".

(Eric-DMH)- That may happen week to week as funds are placed into Pop Groups or expended from Pop Groups. There is no further processing that we are looking to do in regards to single stream claims denied with 8505 or 8508.

(Paul-EDS)- The EOB 8800 is a naturally occurring event that happens each week. If the client is enrolled in multiple Pop Groups, you will receive an 8800 in the first Pop Group and then the claim will re-enter into the next cycle to go to the next Pop Group. The claim will continue to do that until there are no more Pop Groups for that client assuming that there is no money in any of those Pop Groups.

(Faye-Mecklenburg)- Were you all not working on trying to mimic Mental Health claims reprocessing within a Checkwrite at some time so that we would not have so many of them bugging out or rolling over to the next Checkwrite?

(Paul-EDS)- No. The claims used to suspend a week and then deny with the 8800 and re-enter. We took away the suspending of the week.

(Faye-Mecklenburg)- We are ending up with thousands of these claims from the Checkwrites that is why I was asking about it.

(Paul-EDS)- Eventually it will receive an 8586 denial when it runs out of Pop Groups.

(Faye-Mecklenburg)- Thanks.

**DMH and/or EDS Concluding Remarks:**

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**Roll Call Updates**